

Health & Nutrition Questionnaire Postpartum Woman

Your name: _____

At today's visit, we can talk about:

- ★ How you are feeling
- ★ Safe weight loss
- ★ Healthy eating for new moms
- ★ Questions you may have

Since your baby has been born, how have you been feeling?
(check any that apply)

- ☐ Happy
- ☐ Tired, but happy
- ☐ Scared and worried
- ☐ So unhappy- I have been crying

Have you been to see your doctor/midwife since delivery?

- ☐ No
- ☐ Yes

How much weight did you gain with this baby? _____

Were there any medical complications during your delivery?

- ☐ No
- ☐ Yes: _____

Has there been any change in your health since your last WIC visit?

- ☐ No
- ☐ Yes: _____
- ☐ Not on WIC during my pregnancy

Do you take any of the following: (check all that apply)

- ☐ Prenatal vitamins
- ☐ Iron
- ☐ Multi-vitamins
- ☐ Children's vitamins
- ☐ Herbs or herbal remedies
- ☐ Medications: _____
- ☐ None of these

Do you ever drink wine, beer or liquor?

- ☐ No
- ☐ Yes If yes, how often? _____

What best describes your smoking history?

- ☐ Never smoked
- ☐ Smoked, but I quit on _____ (month and year)
- ☐ Currently smoke: _____ # cigarettes per day
- ☐ I would like to quit

Does anyone else living in your household smoke inside the home?

- ☐ No
- ☐ Yes

Since delivering your baby, have you taken other drugs such as meth, crack, cocaine or marijuana?

- ☐ No
- ☐ Yes
- ☐ I would like to quit

Over Please.....

Staff use only:

♣ Postpartum care: Y N
 ☐ Scheduled

♣ Provider: _____

♣ Dental home: Y N

♣ Shared Hgb value: Y N

♣ Weight today: _____

♣ BMI today: _____
01 02 22

♣ Health/medical
10 11 13 14 15 16 17 18 19
23 32 33 34 35 36 38 39 40
41 43 50 51 52 53 59 60 61
62

Alcohol
54

♣ Last 3 months of pregnancy:
_____ days _____ # drinks

♣ Since delivery:
_____ days _____ # drinks

Smoking
55 63

♣ Last 3 months of pregnancy:
_____ # cigs per day

♣ Breastfeeding:
74 76

Family environment:
90 96 97

56

Have you seen your dentist in the past 6 months?

- ☐ No
☐ Yes
☐ I would like to find a dentist

Do you have a cavity to be filled or tooth to be pulled? ☐ Yes ☐ No

If you are breastfeeding, how is it going?

- ☐ It's going great! My baby and I are really enjoying it.
☐ It's okay, but my baby and I are having some difficulties.
☐ Not sure, I have questions about:
☐ My milk supply
☐ Sore nipples
☐ I'm nursing all the time!

Do you plan to go back to work or school? ☐ Yes ☐ No

How many times a day do you usually eat? ____ # meals/day ____ # snacks/day

How would you describe your appetite? ☐ Good ☐ Fair ☐ Poor

Do you ever drink raw or bulk tank milk or un-pasteurized juice?

- ☐ No
☐ Yes

Are you following a prescribed special diet, weight control diet, vegan or macrobiotic way of eating?

- ☐ No
☐ Yes: _____

Which group of foods below do you find most challenging to eat enough of?

- ☐ Milk, yogurt, cheese
☐ Protein foods like: meat, fish, eggs, beans
☐ Fruits
☐ Vegetables
☐ Bread, cereal, rice, pasta
☐ Other: _____

How would you describe your daily activity level? (check one)

- ☐ very active (run, aerobics, chopping wood)
☐ moderately active (brisk walking, biking, hiking)
☐ somewhat active (easy walking, light housework)
☐ not active (sit most of the day)

I would like to learn more about.....

- ☐ Healthy ways to lose weight
☐ Breastfeeding my baby
☐ Ways to stretch my food dollars
☐ Food resources in my area
☐ Other: _____
☐ Family meals
☐ Breastpumps from WIC
☐ Finding a dentist

Staff use only:

♣ Nutrition practices:
42 65 66 88

♣ Topics discussed:

♣ Ed materials given:

- ☐ None
☐ After You Deliver
☐ Guide to Healthy Baby (Spangler)
☐ Loving Support Material
☐ Other:

♣ Referrals:

- ☐ None
☐ HBKF.....☐ Declined
☐ Provider/medical home
☐ _____

♣ SMART plan is:

♣ Nutrition follow up/next steps:

- ☐ INCP
☐ Phone call
☐ Weight check
☐ Clinic or office visit
☐ Invited to group/nutrition activity:

☐ Other:

♣ Food package: A S K F
Omissions:

♣ Staff signature & title

♣ Date of visit